

# City of Milwaukee Employment Application for REVENUE & FINANCIAL SERVICES SPECIALIST (Office of the Comptroller)

Department of Employee Relations City Hall, Room 706 200 East Wells Street Milwaukee WI 53202-3554 414-286-3751 TTD 414-286-2960 www.milwaukee.gov/der

#### **INSTRUCTIONS TO APPLICANT- Please:**

- 1. Use a typewriter or print answers in black ink.
- Answer all questions in unshaded area. Credit may not be given for incomplete information. Leave shaded areas blank.
- 3. Date and sign this page.
- 4. Print your Last Name in the left margin.
- 5. Keep a copy of completed application materials for your files.

ANY FORMAT MODIFICATION MADE TO THIS DOCUMENT WILL RESULT IN IMMEDIATE REJECTION

Last Name	First		Middle Initial
Address		Ap	ot. #
City	State		Zip Code
Day phone:	( )	Evening phone: (_	)
Email Address:			
Social Security Num	ber		
that are related to the	strations and/or certificates you poss	coo, such as Driver's, Ivu	ising of Froiessional Engineer,
	R (if any)	TYPE	NUMBER (if any)
TYPE NUMBE			NUMBER (if any)
TYPE NUMBE	R (if any)	e, list the following:	NUMBER (if any)  FROM (MO./YR.) TO (MO./YR.)
TYPE NUMBE  If you are PRESENTL  POSITION TITLE  If you have ever been	R (if any)  Y employed by the City of Milwaukee  DEPARTMENT  convicted of an offense other than mour birthdate on page 9. Your birthdate	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.) details below. If you list
TYPE NUMBE  If you are PRESENTL  POSITION TITLE  If you have ever been convictions, provide years.	R (if any)  Y employed by the City of Milwaukee  DEPARTMENT  convicted of an offense other than mour birthdate on page 9. Your birthdate	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.) details below. If you list

#### **READ CAREFULLY BEFORE SIGNING**

I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that a City Charter Ordinance requires City employees to live in the City. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

SIGNATURE:	DATE:

# **MINIMUM REQUIREMENTS**

IMPORTANT: Do you meet all of the following requirements? ☐ **Yes** ☐ **No** 

If No, your application will not be accepted for this particular opening, please watch for other opportunities at www.milwaukee.gov/der

#### MINIMUM REQUIREMENTS:

- 1. Current status and at least one year of experience as a regularly appointed, full-time, civil service employee of the City of Milwaukee or Milwaukee Public Schools (and not on probationary status).
- 2. Bachelor's degree in Degree in Business Administration with a <u>major in finance or accounting</u> from a college accredited by an agency recognized by the Council for Higher Education Accreditation, U.S. Department of Education or a foreign equivalent (related professional certification is desirable, e.g., CPA, CMA, CFA, GFOA).
- 3. Three years of professional experience related to the responsibilities of this position which a) involved substantial analysis, interpretation and reporting of financial data and preparation of financial statements and, b) included extensive use of analytical, quantitative and statistical analysis skills including complex mathematical model development and maintenance on electronic spreadsheet software.

Note: Equivalent combinations of education and experience may also be considered. Academic transcripts may be requested at a later date. An employee who is interested in this position who meets most but not all of the experience requirements may apply and could be considered for underfilling the position.

4. Working knowledge of the City's PeopleSoft Financial Management System is desirable.

#### KNOWLEDGE, SKILLS AND ABILITY REQUIREMENTS:

- Ability to prepare financial statements and analyze financial data.
- Extensive analytical, quantitative and statistical analysis skills including mathematical model development and maintenance on electronic spreadsheet software.
- Ability to work well under tight time pressures.
- Knowledge of job-related terminology, laws, regulations, and disclosure requirements.
- Strong detail and quality control orientation.
- Ability to work under moderate to heavy pressure (both time and accuracy related).
- Ability to plan, schedule and coordinate a variety of events involving deadlines and the work of outside professionals.
- Strong interpersonal skills and ability to communicate effectively verbally and in writing.

### **EMPLOYMENT INFORMATION**

	1			
Give the titles and dates of	all City exam	inations you have to	aken within the last six mo	onths (if none, print "NONE"):
You must be currently emp	loyed by the (	City of Milwaukee w	rith a regular appointment.	Please list the following:
POSITION TITLE	DEPAF	RTMENT	PENSION NUMBER	FROM (MO./YR.) TO (MO./YR.)
				etails below. If you list convictions, n only. Use separate sheet if
CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE
			ent but are reviewed in rela	

EDUCATION AND T	RAINING	
Circle the highest grade completed in High School: 1 2 3 4 5 6	7 8 9 10 11 12	
Did you graduate from High School? □ Yes □ No If Yes, Name and Location	on of High School	
Have you passed a high school equivalency or G.E.D. Test? ☐ Yes ☐ No		
Training beyond high school (college or university, nursing, business college		eceived). Under credits
earned, indicate Q for quarter hours or S for semester hours.	,	,
Name and Location Dates Attended Credits Of School From Mo./Yr. To Mo./Yr. Earned	Major and Minor Fields of Study	Type of Degree Date Completed
Additional coursework, training programs, or professional seminars complete courses required for above degrees.	ed which may be relevant to this posit	ion. Do not list
Title Sponsoring Organization/	Dates Attended	Credits
Academic Institution		
EMPLOYMENT HI	STORY	
Begin with current or most recent employment and work back. Acco		vears including
periods of unemployment. In addition, list any other paid or unpaid vilf more space is needed see following page.		
Current or Last Employer (for City of Milw., include Dept./Div./Section)		
	From: To: month/year	month/year
Address	monthly car	month year
	Salary/Wage: \$	per
Your Title	☐ Full time	
	☐ Part time Hours per week:	
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		

Employer (if City of Milw., include Dept./Div./Section)		
• • •	From: To: Month/year	0.1
Address	Montn/year	month/year
Address	Salary/Wage: \$	per
Your Title	☐ Full time ☐ Part time Hours per week:_	
Supervisor's Name, Title and Phone Number	Reasons for leaving:	
Describe your job responsibilities:		
Employer (if City of Milw., include Dept./Div./Section)	From: To: Month/year	month/year
Employer (if City of Milw., include Dept./Div./Section)  Address	From:To: Month/year Salary/Wage: \$	
		_ per
Address	Salary/Wage: \$	_ per
Address  Your Title	Salary/Wage: \$  □ Full time □ Part time Hours per week:_	_ per
Address  Your Title  Supervisor's Name, Title and Phone Number	Salary/Wage: \$  □ Full time □ Part time Hours per week:_	_ per
Address  Your Title  Supervisor's Name, Title and Phone Number	Salary/Wage: \$  □ Full time □ Part time Hours per week:_	_ per
Address  Your Title  Supervisor's Name, Title and Phone Number	Salary/Wage: \$  □ Full time □ Part time Hours per week:_	_ per
Address  Your Title  Supervisor's Name, Title and Phone Number	Salary/Wage: \$  □ Full time □ Part time Hours per week:_	_ per

Employer (if City of Milw., include Dept./Div./Section)	From:To:month/year
Address	Salary/Wage: \$ per
Your Title	☐ Full time ☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	Reasons for leaving:
Describe your job responsibilities:	<b>'</b>
Employer (if City of Milw., include Dept./Div./Section)	From: To: Month/year month/year
Address	Salary/Wage: \$ per
Your Title	☐ Full time
Toda Tillo	□ Part time Hours per week:
Supervisor's Name, Title and Phone Number	
	☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	☐ Part time Hours per week:
Supervisor's Name, Title and Phone Number	☐ Part time Hours per week:

If more space is needed please make additional copies of this page or attach additional sheets.

Describe you specific experiences in each of the following areas. For each experience described, identify the employer where this experience was gained and the number of years of experience.
Preparing financial statements and/or related financial reports:
Analysis of financial data:
Developing and maintaining financial complex mathematical models on electronic spreadsheet software. Please be specific regarding the complexity (data sources, size, business purpose, etc.):

If more space is needed please make additional copies of the page or attach additional sheets.

Analysis of proposed legislation for fiscal policy impact:
Supervisory experience:
Describe any other education or experience not covered previously which you think qualifies you for this position:

If more space is needed please make additional copies of this page or attach additional sheets.

**COMPUTER KNOWLEDGE** Please specify computer software products with which you are familiar, give a self-assessment of your skill level, briefly describe your experience (what you used the product for), and estimate approximate amount of experience.

WORD PROCESSING, specify each product name (e.g., MS Word 2000):  Product: □ basic □ intermediate □ advanced Product: □ basic □ intermediate □ advanced Product: □ basic □ intermediate □ advanced □ BRIEF DESCRIPTION OF EXPERIENCE:	Coursework Yes No  Job Experience Yes No  Years of Experience
SPREADSHEET, specify each product name (e.g., MS Excel 2000):         Product:       □ basic       □ intermediate       □ advanced         Product:       □ basic       □ intermediate       □ advanced         Product:       □ basic       □ intermediate       □ advanced         BRIEF DESCRIPTION OF EXPERIENCE:	Coursework Yes No  Job Experience Yes No  Years of Experience
DATA BASE, specify each product name (e.g., MS Access 2000):  Product: □ basic □ intermediate □ advanced	Coursework Yes No Job Experience Yes No Years of Experience
BRIEF DESCRIPTION OF EXPERIENCE:  OTHER, specify product name (e.g., WINDOWS 2000, MS PowerPoint 2000, SPSS, etc.):  Product:	Coursework Yes No  Job Experience Yes No  Years of Experience
DRIEF DESCRIF HON OF EAFERIENCE.	

## **TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any sp	ecial accommod	dations during the exam	nination process?	
	Yes	No	0	
If yes, what kind of acc	commodations w	vill you need?		
	A	signer		
	A	\ reader		
	E	Extra time		
	C	Other (Please describe) _		
Comments:				
SIGNATURE:			DATE:	
review and evaluation	on a case by ca		partment of Employee Relat idered will include the nature or the iob.	

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER AND VALUES AND ENCOURAGES DIVERSITY.

# **City of Milwaukee**

# Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, membership in the military reserves, national origin, ancestry, age, arrest or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during nonworking hours.

Completion of this form is voluntary. We ask, however, for your cooperation in completing the following information. It will be treated confidentially and used only to help us monitor the City's Affirmative Action efforts and to comply with Federal recordkeeping requirements.

PLEA	ASE PRINT OR TYPE			
1.	Name:LAST	FIRS	T	MIDDLE
2.	Position Applied for: Revenue &	Financial Services Specialist		
	A.   Milwaukee Journal Sentine B.   Other Newspaper (please s C.   City Hall Posting D.   Library Posting E.   Community Agency Posting F.   College or University Posting G.   From a City Employee H.   From Someone who is NOI I.   Job Hotline Number (414-2 J.   Received Job Interest Post K.   Job Fair/Career Talk (pleas L.   TV (please specify station) M.   Radio (please specify station N.   www.milwaukee.gov/der	g (please specify) ng (please specify) T a City Employee (86-5555) (card in mail) (se specify)		
2.		FEMALE		
3.	<ul><li>□ White/Caucasian/European/No</li><li>□ Native American Indian/Alaska</li></ul>	n/Mexican/Cuban/Central or South A orth African/Middle Eastern an Native er/Far Eastern/Indian subcontinent o		China, Japan,
4.	List any languages, other than E	nglish, which you speak FLUENTLY:		
5.	If you have listed offenses (see p conviction verification only.	page 2), provide birthdate	Your birthdate will be	used for
6.	following if you are currently living	nay require public housing developme g in a City of Milwaukee public housi	ng development.	
The a	above-completed information is true	to the best of my knowledge.		
SIGN	ATURE		DATE	